



Staff Health and Wellness Self-Assessment

Directions: Use this self-assessment to reflect on personal and professional factors that affect your health and wellness. What's working well? What could be better? Which factors can you change or influence? After you mark the boxes, circle the ones you'll focus on over the next month. Use the results to make positive changes and practice self-care.

What does "health and wellness" mean to you?

- ☐ Not having sickness or pain.
- ☐ Having enough mental and physical energy.
- ☐ Feeling confident socially and emotionally.
- ☐ Having an overall sense of well-being.
- ☐ What else? _____

What can you do to improve your health and wellness?

- ☐ Eat healthy meals and snacks.
- ☐ Get regular exercise.
- ☐ Spend time in nature.
- ☐ Schedule time for things I enjoy.
- ☐ Schedule more time for sleep and rest.
- ☐ Schedule family or social time.
- ☐ Make sure, every day and every week, there is at least one thing I look forward to.
- ☐ Mark something off my to-do list that I've been dreading (either by doing it, deciding not to do it, or saying "no" to a pending commitment).
- ☐ Make an appointment with a doctor, dentist or mental health professional.
- ☐ Read a book or take a class on health and wellness.
- ☐ What else? _____

How do you think your job is affecting your health and wellness?

- ☐ I want to go to work most days.
- ☐ I feel safe at work.
- ☐ I think the work I do has value.
- ☐ I have the knowledge, skills and resources I need to do my job.
- ☐ I'm able to be myself at work, and to use my ideas and abilities on the job.
- ☐ I feel valued and supported by program leaders.
- ☐ I have a sense of belonging, like I'm part of a team.
- ☐ I feel comfortable talking with a program leader or colleague if I need help or feel frustrated.
- ☐ Program leaders provide constructive feedback and care about my professional growth.
- ☐ Program leaders care about work-life balance.
- ☐ What else? _____

Please share your ideas on ways our program can support health and wellness at work. Just fill out this section and give it to your program leader. Your voice matters!



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Date: _____

Your name and contact info (optional): _____

Check any health and wellness supports that interest you. Circle your top three.

Work Environment

- ☐ Let's talk about ways to improve staff members' physical safety and security at work.
- ☐ Let's try some new ideas for working as a team.
- ☐ We need clear guidance on how to handle conflicts or disagreements among staff.
- ☐ I think we need more focus on work-life balance.
- ☐ I'd like constructive feedback about how I'm doing.
- ☐ I'd like to know about opportunities for professional growth.
- ☐ I'd like to know more about the following program policy: _____
- ☐ I'd like training or coaching on the following topic(s): _____
- ☐ Here's a resource that would help me do my job: _____
- ☐ I have an idea for improvement that I'd like to discuss: _____
- ☐ What else? _____

Perks

- ☐ Let's find and provide information on local health and wellness resources, like free dental clinics, blood pressure checks, exercise classes and counseling.
- ☐ Let's have an idea exchange on ways to be organized to reduce stress.
- ☐ I'd like a staff healthy recipe exchange.
- ☐ Offer a workshop for staff on self-care, mindfulness practices and work-life balance.
- ☐ I'd like to join a walking group or find an exercise buddy.
- ☐ What else? _____